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FORM APPROVED

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN8203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  08/07/2013
NAME OF PROVIDER OR SUPPLIER  BROOKHAVEN MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 2035 STONEBROOK PLACE KINGSPORT, TN 37660			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N1410	<p>Continued From page 1</p> <p>and evaluate these drills must be maintained for at least three (3) years.</p> <p>(ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include:</p> <p>(i) Staff duties by department and job assignment; and,</p> <p>(ii) Evacuation procedures.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure an earthquake drill was exercised annually.</p> <p>The findings include: Interview and record review with the Administrator on August 6, 2013 at 9:15 a.m. confirmed the facility failed to perform earthquake drills annually. There was in-service training; however no actual drill was conducted.</p> <p>This finding was verified and acknowledged by the Administrator during the exit conference on August 6, 2013.</p>	N1410			

Division of Health Care Facilities  
STATE FORM

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If continuation sheet 2 of 2

No. 3332 P. 35/35

BROOKHAVEN MANOR

Aug. 23. 2013 5:24PM